

**ELECTIONEERING
COMMUNICATIONS ORGANIZATION**

STATEMENT OF ORGANIZATION

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Organization

Beach Residents for Quality of Life

Telephone

850-567-4878

Mailing Address (include city, state and zip code)

Post Office Box 1701, Tallahassee, FL 32302-1701

Street Address (include city, state and zip code)

2618 Centennial Place, Tallahassee, FL 32308

2. Affiliated or Connected Organizations

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

None

3. Area, Scope and Jurisdiction of the Organization

To engage in electioneering communications regarding candidates in Miami Beach.

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name

Mailing Address

Street Address

Title or Position

Mark Herron

Post Office Box 1701
Tallahassee, FL
32302-1701

2618 Centennial
Place, Tallahassee,
FL 32308

Treasurer

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

☒ As a newly created organization during the current calendar quarter.

☐ From an organization existing prior to the current calendar quarter.

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	2618 Centennial Place, Tallahassee, FL 32308	Chairman & Treasurer

7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

Residual funds will be contribution to an IRC 501(c) organization or an IRC 527 organization.

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
SunTrust Bank	3522 Thomasville Road Tallahassee, FL 32309

9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
RS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS	Ogden, UT 84201

STATE OF Florida Leon COUNTY

I, Mark Herron, certify that the information in this Statement of

Organization is complete, true, and correct.

X


Signature of Top-ranking Principal Officer of Organization

6 March 2015

Date